

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

(X) Original () Supplemental () Substitute () PCT

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "**Retro-inversion peptides that target GIT receptors and related methods**", the specification of which:

(check one) ☒ is attached hereto, or
☐ was filed on _____, as Application Serial No. _____ and
with amendments through _____ (if applicable),
or
☐ Express Mail No., as Serial No. not yet known _____.
☐ was described and claimed in PCT International Application No. _____
filed _____, and as amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known by me to be material to the patentability of the claims of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT International application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT International application(s) designating at least one country other than the United States of America filed by me or relating to this subject matter having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATIONS: (ENTER BELOW IF APPLICABLE)			PRIORITY CLAIMED (MARK APPROPRIATE BOX BELOW)	
APP. NUMBER	COUNTRY	DAY/MONTH/YEAR FILED	YES	NO

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER	FILING DATE
60/109,038	November 19, 1998

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT International application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information known by me to be material to the patentability of the claims of this application as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

APP. SER. NO.	FILING DATE	STATUS (MARK APPROPRIATE COLUMN BELOW)		
		PATENTED	PENDING	ABANDONED

I hereby appoint the following attorneys and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Marla J. Church, (Reg. No. 29,908);
 Mary L. Severson (Reg. No. 34,927);
 Kathleen L. Maher (Reg. No. 33,957); and
 Kirsten A. Anderson (Reg. No. 38,813)

Address all telephone calls to Mary L. Severson at telephone no. (770) 534-8239.

Address all correspondence to: Mary L. Severson, Ph.D., Esq.
Elan Pharmaceutical Research Corp.
1300 Gould Drive
Gainesville, GA 30504

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: Daniel Joseph O'Mahony
 Inventor's signature: Daniel Joseph O'Mahony Date: November 18, 1999
 Residence: 75 Avoca Park, Avoca Avenue, Blackrock, County Dublin, Ireland
 Citizenship: Ireland Post Office Address: SAME AS RESIDENCE

Full name of second inventor: _____
 Inventor's signature: _____ Date: _____
 Residence: _____
 Citizenship: _____ Post Office Address: _____

☐ Additional inventors are being named on separately numbered sheets attached hereto.
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